

June 18, 2003

RE: MDR Tracking #: M2-03-1168-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is a board certified orthopedic surgeon. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 50 year-old female who sustained a work related injury on ___. The diagnoses for this patient have included right medial meniscal tear, chondromalacia of the knee and posttraumatic arthritis of the knee. The patient has undergone a right knee arthroscopy in 1993 and a meniscectomy and chondroplasty on 3/6/01. The patient has also been treated with oral medications and physical therapy.

Requested Services

Right Total Knee Replacement.

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 50 year-old female who sustained a work related injury to her right knee on ___. The ___ physician reviewer explained that the patient has arthroscopic proven grade IV chondromalacia of the femoral condyle and trochlea, medical compartment osteoarthritis by X-Ray, and an eleven degree flexion contracture. The ___

physician reviewer indicated that this patient has failed intra-articular steroid injection, bracing, and the use of a cane. The ____ physician reviewer explained that delay in providing joint arthroplasty has been recently associated with worse outcomes. (Hajat S, Fitzpatrick R, Morris R, Reeves B, Rigge M, Williams O, Murray D, Gregg, Paul. Does waiting for total hip replacement matter? Prospective cohort study. J Health Serv Res Policy 2002;7(1):19-25. Fortin PR, Penrod JR, Clarke AE, St-Pierre Y, Joseph L, Belisle P, Liang MH, Ferland D, Phillips CB, Mohamed N, Tanzer M, Sledge C, Fossel AH, Katz, J. Timing of total joint replacement affects clinical outcomes among patient's with osteoarthritis of the hip or knee. Arthritis Rheum 2002 Dec;46(12):3327-30.) The ____ physician reviewer also explained that the patient's symptoms, objective findings, and failure to improve with conservative therapy justify the planned procedure. Therefore, the ____ physician consultant concluded that the requested right total knee replacement is medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 18th day of June 2003.